

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (3R)**

DOCUMENT # **P02 000 10016**

1. Entity Name

**A Gala Occasion**  
**LLC**



**FILED**  
**03 MAY 30 PM 12:18**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**146 ESSEX DR.**

Suite, Apt. #, etc.

3. Mailing Address

**146 ESSEX DR.**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Longwood FL**

City & State

**Longwood FL**

Zip

**32779**

Country

**USA**

Zip

**32779**

Country

**USA**

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Bob Glickman**

Street Address (P.O. Box Number is Not Acceptable)

**146 ESSEX DR.**

**Longwood FL 32779**

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and, if not applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Bob Glickman (PSTD)**  
**146 ESSEX DR.**  
**Longwood, FL 32779**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**300020787613**  
**06/11/03--01075--005 \*\*150.00**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Annaella Glickman**  
**146 ESSEX DR.**  
**Longwood, FL 32779**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-28-03 407-862-4154**

Date

Daytime Phone #

CR2E034B (12/02)